

Improving Accessibility in Provider Settings

When compared to the overall population, adults with disabilities are almost twice as likely to report unmet health care needs due to challenges with provider office and clinic accessibility.¹ In the disability-competent care (DCC) model, accessibility is a multi-faceted concept. Improving access requires addressing the physical, social, and cultural barriers that participants may experience. This includes considering social determinants of health, provider attitudes, methods of communication, processes and timeliness of care, availability of programs and services, and facility and equipment (physical) accessibility.

Federal disability laws provide a framework for understanding the process to improve accessibility. Sections 504² and 508³ of the Rehabilitation Act and the Americans with Disability Act (ADA)⁴ are three of the most applicable federal laws when addressing health care accessibility. According to these laws, individuals with disabilities must have an equal opportunity to participate in and benefit from programs and services. Health plans and providers should therefore take steps to ensure reasonable accommodations in their policies and practices. One way of accomplishing this is to have a designated employee charged with coordinating efforts to comply with Section 504 and ADA, maintaining procedures to handle complaints of disability discrimination, and ensuring effective communication of these and other practices to providers and other staff. In addition to these laws, the Medicaid Managed Care Rule⁵ also requires that health plans include information on the accessibility of network provider offices and facilities in their provider directories.

Health plans have developed several strategies to improve provider and clinic accessibility for persons with disabilities. Examples of these strategies include:

- Engage Providers
 - Adopt a collaborative, non-confrontational, and direct approach to engaging with providers. Offer incentives if possible.
 - Explain the quality of care and financial benefits associated with improving accessibility, such as the ability for practitioners to bill for prolonged preventive services under Medicare.
 - Partner with providers including community-based organizations (e.g., Centers for Independent Living, Area Agencies on Aging, etc.) to leverage their resources and expertise.
- Improve Access
 - Encourage providers to collect participant information on functional limitations and accessibility needs when scheduling appointments and during visits, update the medical record accordingly, and be prepared to make appropriate accommodations during the appointment.
 - Begin with low-cost, practical improvements to access (e.g., adding offset hinges to widen doors, using ADA-compliant signage).
 - Budget for larger purchases like accessible diagnostic equipment (e.g., adjustable exam table and accessible scale).
- Offer Education

¹Karpman, M. & Long, S.K. (2015). *QuickTake: Even with Coverage, Many Adults Have Problems Getting Health Care, with Problems Most Prevalent among Adults with Disabilities*. Health Reform Monitoring Survey. Urban Institute Health Policy Center.

² For more information, visit <https://www.dol.gov/oasam/regs/statutes/sec504.htm>

³ For more information, visit <https://www.section508.gov/manage/laws-and-policies>.

⁴ For more information about the ADA, including downloadable resources, visit <https://www.ada.gov/>

⁵ For more information, visit: <https://www.medicaid.gov/medicaid/managed-care/guidance/final-rule/index.html>

- Educate providers on the various facets of accessibility (e.g., attitudes, communication, care processes, and physical access) and how to mitigate common barriers related to each.
- Provide training materials for staff on the safe use of all accessible equipment (e.g., exam tables, lifts, and scales).

For more information and resources on Disability-Competent Care, please visit <https://www.resourcesforintegratedcare.com/concepts/disability-competent-care>

To view a webinar related to this topic, please visit [https://resourcesforintegratedcare.com/DisabilityCompetentCare/2018 DCC Webinar Series/Building Partnerships](https://resourcesforintegratedcare.com/DisabilityCompetentCare/2018_DCC_Webinar_Series/Building_Partnerships)

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This summary is intended to support health plans and providers in integrating and coordinating care for dually eligible beneficiaries. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to <https://www.resourcesforintegratedcare.com>